

# SOUTH CAROLINA LAW ENFORCEMENT DIVISION

MARK SANFORD  
*Governor*



ROBERT M. STEWART  
*Chief*

## RECORD CHECK

**DIRECT CARE STAFF**  
(Type of Print Clearly in Ink)

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

DHEC Health Licensing Number: \_\_\_\_\_

NAME OF DIRECT CARE STAFF: \_\_\_\_\_

Male ☐ Female ☐

AKA AND/OR MAIDEN NAMES: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

(Permission must be obtained from individual if used as search criteria.)

STATE AND FEDERAL LAW REQUIRE CHARGING A FEE FOR EACH CRIMINAL HISTORY RECORD SEARCH. **PAYMENT MUST BE MADE TO SLED BY MONEY ORDER OR COMPANY CHECK, FOR THE CORRECT AMOUNT ONLY. NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED.**

Please check the appropriate processing SLED fee:

Employee     \$25 ☐     Volunteer     \$18 ☐     Charitable Organization     \$8 ☐

I understand that the above information will be used to conduct a criminal record check and I hereby give my permission for a criminal record check to be done through the South Carolina Law Enforcement Division or any other law enforcement agency.

SIGNATURE \_\_\_\_\_

CJ-055



**An Accredited Law Enforcement Agency**  
**P.O. Box 21398 / Columbia, South Carolina 29221-1398 / (803) 737-9000 / Fax (803) 896-7041**